Under the Paperv	vork Reduction Act of 1995, no per	rsons are required	to respond to a co	Alection of information u	nless it contains a valid OMB control number	
DECLARATION				Docket Number	CRD-0903	
POWER OF ATTORNI FOR UTILITY OR DESI					Frank Butaric et al.	
				COMPLE	TE IF KNOWN	
PATENT APPLICATION (37 CFR 1.63)	İ	Application	n Number			
Declaration Submitted with Initial Filing	OR Initial Filing (S	Surcharge	Filing Date)		
	(37 CFR 1.16(e		Group Art l	Unit		
			Examiner N	Name		
As a below named invent	or, I hereby declare the	at:				
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
	EXTENSION PRO	OSTHESIS FO (Title of the In		RIAL REPAIR		
the specification of which						
is attached hereto						
OR						
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Fi (MM/DD		Priority Not Claimed	Certified Copy Attached? YES NO	
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	i l					
Additional foreign applic	ation numbers are lister	d on a suppler	mental priori	tv data sheet PT	O/SB/02B attached hereto:	

DECLARATION - Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s)	Filing Date (MM//DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, Lacknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							
Application Serial No.	Filing Date	Status					
09/714,080 09/714,093 09/714,079 09/714,078	November 16, 2000 November 16, 2000 November 16, 2000 November 16, 2000	Pending Pending Pending Pending					
I hereby appoint:		71					
Practitioners at Customer Number	Place Customer Number Bar Code Label Here						
Practitioner(s) named below: Name Registration Number							
as my/our attorney(s) or agent(s) to prose States Patent and Trademark Office conn	ecute the application identified above, and nected therewith.	to transact all business in the United					
Address all telephone calls to Carl J. Evens at tel	lephone number (732) 524-2518.						
Customer Number Direct all correspondence to:							
Name:							
Address:							
Address:							
City:	State:	ZIP					
Country	Telephone:	Fax:					

City

Weston

I hereby declare that all statements made information and belief are believed to be t that willful false statements and the like sc U.S.C. 1001 and that such willful false states issued thereon.	rue; and further o made are pun	r that these st	atements were	made with the knowledge
NAME OF SOLE OR FIRST INVENTOR:	☐ A p∈	etition has been f	filed for this unsign	ned inventor
Given Name (first and middle [if any]) Frank		Family Name or Surname	Butaric	
Inventor's Signature Frank Bute	=		Date 10/	129/01
Residence: City Pembroke Pines	State FL	Coun	itry USA	Citizenship USA
Mailing Address 12915 N.W. 22nd Manor				
City Pembroke Pines	State FL	ZIP :	33028	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or Imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SECOND INVENTOR:	☐ A pe	tition has been fi	iled for this unsigne	ed inventor
Given Name (first and middle [if any]) William L.		Family Name or Surname	Howat	
		Family Name		
(first and middle [if any]) William L.	State FL	Family Name or Surname	Howat	
(first and middle [if any]) William L Inventor's Signature William L How	State FL	Family Name or Surname	Howat	9/01
(first and middle (if any)) William L Inventor's Signature Address of the Control	State FL	Family Name or Surname Count	Date (0 / 2.	9/01 Citizenship USA
(first and middle [if any]) William L Inventor's Signature Lilean J House Residence: City Weston Mailing Address 18208 Emerald Cove Road	State FL herein of my ow ue; and further t	Family Name or Surname Count ZIP 3 In knowledge that these sta	Howat Date (> / 2) try USA 3331 are true and the tements were representations are represented by the content of the conte	9/01 Citizenship USA Country USA at all statements made on made with the knowledge
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NAME OF FOURTH INVENTOR:	A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) Kenneth S.	Family Nan or Surname					
Inventor's Signature		,			Date	
Residence: City Weston		State FL		Cour	ntry USA	Citizenship USA
Mailing Address 16732 Diamond Drive						
City Weston		State FL			33331	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF FIFTH INVENTOR:		☐ A pe	etition ha	s been f	iled for this unsign	ned inventor
Given Name			Family Name or Surname			
Inventor's Signature					Date	
Residence: City		State		Coun	try	Citizenship
Mailing Address						
City		State		ZIP		Country
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are purishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SIXTH INVENTOR:	A petition has been filed for this unsigned inventor			ed inventor		
Given Name		Family Name or Surname				
Inventor's Signature					Date	
Residence: City		State		Count	ry	Citizenship
Mailing Address						
City		State		ZIP		Country

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NAME OF FOURTH INVENTOR:		petition ha	s been f	filed for this unsig	ned inventor	
Given Name (first and middle [if anyl] Kenpeth S	//	Family Name or Surname		Solovay		
Inventor's Signature	Sel			Date 0/-	-07-02	
Residence: City Weston	State FL		Coun	itry USA	Citizenship USA	
Mailing Address 16732 Diamond Orive						
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